

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2415855
Decision Date:	12/31/2024	Hearing Date:	11/25/2024
Hearing Officer:	Mariah Burns		

Appearance for Appellant:



Appearance for MassHealth:

Dr. David Cabeceiras, for DentaQuest



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, Quincy, Massachusetts 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Prior Authorization; Comprehensive Orthodontic Treatment
Decision Date:	12/31/2024	Hearing Date:	11/25/2024
MassHealth's Rep.:	Dr. David Cabeceiras	Appellant's Rep.:	[REDACTED]
Hearing Location:	Quincy Harbor South	Aid Pending:	No

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated August 29, 2024, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment. Exhibit 1. The appellant filed this appeal in a timely manner on October 11, 2024. *See* 130 CMR 610.015(B) and Exhibit 2. Denial of a request for prior authorization is a valid basis for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is ineligible for coverage of comprehensive orthodontic treatment.

Summary of Evidence

The appellant, a minor under the age of [REDACTED] was represented at the hearing by a parent. The MassHealth representative, a licensed orthodontist, appeared for MassHealth on behalf of DentaQuest, the MassHealth dental contractor. All parties appeared in person. Below is a summary of each party's testimony and the information submitted for hearing:

The appellant's orthodontic provider ("the provider") submitted a prior authorization request for comprehensive orthodontic treatment on behalf of the appellant to DentaQuest on August 20, 2024. This request included a Continuation of Care Submission Form, requesting transfer of the appellant's case from one provider to another. The request was dated July 2, 2024, and indicates that the appellant has 8 adjustments remaining. The appellant's provider also submitted the appellant's X-rays, photographs, and a completed MassHealth Handicapping Labio-Lingual Deviations (HLD) Form.

On August 29, 2024, MassHealth denied the appellant's prior authorization request. The notice indicates that the appellant submitted 8 instances of procedure code D8679, for "periodic orthodontic treatment visit." The reason for denial states: "our records indicate that the first and second year of orthodontic treatment has not been completed. All services must be rendered prior to an additional year of treatment."

At the hearing, the MassHealth representative reported that the apparent reason for the denial was that the appellant's original orthodontist did not include the appellant's initial approval for coverage of treatment with the submitted Continuation of Care packet. Further, the MassHealth representative explained that MassHealth records indicate that the procedural code submitted by the new orthodontist was to request an additional year of treatment, rather than to transfer the previously approved treatment from one provider to another. The appellant's mother testified that there has been an abundance of miscommunication between the providers and with MassHealth, and that the appellant has not been seen for treatment since April of 2024. The appellant presented at the hearing with broken brackets and with wire poking her gums, which the hearing officer observed.

Findings of Fact

Based on a preponderance of the evidence, I find the following:

1. The appellant is a MassHealth member under the age of [REDACTED] Exhibit 4.
2. The appellant's provider requested prior authorization for comprehensive orthodontic treatment and submitted an Orthodontics Prior Authorization Form, an HLD Form, photographs, and x-rays. Exhibit 5 at 6-16. The request also included a Continuation of Care

Form dated July 2, 2024, and indicated that the appellant requires 8 additional treatments. Exhibit 5 at 9.

3. On August 28, 2024, MassHealth denied the appellant's prior authorization request on the grounds that the appellant had not completed her first and second years of treatment before requesting a third year. Exhibit 1, Exhibit 5 at 4.
4. The appellant timely appealed the denial to the Board of Hearings on October 11, 2024. Exhibit 2.
5. The MassHealth representative testified that the appellant's request was denied because her provider submitted the incorrect dental code with the prior authorization request and because the appellant's initial approval from MassHealth was not included with the Continuation of Care request. Testimony.
6. The parties agree that MassHealth has previously approved coverage of comprehensive orthodontic treatment for the appellant. Testimony.

Analysis and Conclusions of Law

MassHealth pays only for medically necessary services to eligible MassHealth members and may require that medical necessity be established through the prior authorization process. (130 CMR 420.410(A)(1)). A service is "medically necessary" if:

- (1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and
- (2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to MassHealth.

130 CMR 450.204(A). Medical necessity for dental and orthodontic treatment must be shown in accordance with the regulations governing dental treatment codified at 130 CMR 420.000 and in the MassHealth *Dental Manual*. Specifically, 130 CMR 420.431(C)(3) states, in relevant part:

The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, only once per member per lifetime for a member younger than ■ years old and only when the member has a handicapping malocclusion. The MassHealth agency determines whether a malocclusion is handicapping

based on clinical standards for medical necessity as described in Appendix D of the *Dental Manual*.

Thus, MassHealth typically only pays for treatment once per member in their lifetime, coverage of which is subject to prior authorization. Members who submit prior authorization requests must abide by the following rules:

- (1) The date of any prior-authorization request is the date the request is received by the MassHealth agency, if the request conforms to all applicable submission requirements, including but not limited to the form, the address to which the request is sent, and required documentation.
- (2) If a provider submits a request that does not comply with all submission requirements, the MassHealth agency informs the provider
 - (a) of the relevant requirements, including any applicable program regulations;
 - (b) that the MassHealth agency will act on the request within the time limits specified in 130 CMR 450.303 if the required information is received by the MassHealth agency within four calendar days after the request; and
 - (c) that if the required information is not submitted within four calendar days, the MassHealth agency's decision may be delayed by the time elapsing between the four days and when the MassHealth agency receives the necessary information.
- (3) A service is authorized on the date the MassHealth agency sends a notice of its decision to the member or someone acting on the member's behalf.

130 CMR 450.303(B). Providers "must submit all prior-authorization requests in accordance with the MassHealth agency's instructions." *Id.* at 450.303. Requests for prior authorization are typically required to include a procedure-specific code so that MassHealth is aware of the particularities of the requested treatment. Specifically related to this case, Dental Code D8670 is for "periodic orthodontic treatment visit" and contains the following benefit limitations: "One per 90 Day(s) Per patient, allowed as quarterly treatment visits, may not be billed less than 90 days from previous periodic treatment visit..." See ORM, *infra* at 102. No other code appears to apply to the appellant's case in this instance.

MassHealth further allows members to "transfer from one orthodontic provider to another for orthodontic services subject to prior authorization to determine the number of visits remaining...Providers must submit requests using the form specified by MassHealth." *Id.* at 420.431(C)(7). The MassHealth Dental Program has also published an Office Reference Manual (ORM) establishing guidance for MassHealth dental providers to navigate the treatment approval process.¹ Specifically related to Authorization for Continuation of Care, the ORM states the following requirements:

¹ <https://www.masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf> published on September 14, 2024.

If a member is already receiving comprehensive or interceptive orthodontic treatment and is transferring from another provider and/or state Medicaid program or other insurer, the MassHealth provider that seeks to continue the treatment must submit to DentaQuest a prior authorization request for continuation of care including the following documentation:

- a. 2012 or newer ADA claim form listing services to be rendered.
- b. Continuation of Care form (page B-4 from the ORM).
- c. Copy of the member's original approval (if covered by MassHealth at that time) and current diagnostic documentation (e.g., photographic prints and radiographs, medical necessity narrative, other supporting documentation, etc.).
- d. If service was previously approved by MassHealth, a letter from the previous provider authorizing transfer the patient's authorization to the new provider (only if current authorization has not expired or been consumed).

The provider is responsible for compiling and submitting the required information. Authorization for continuation of care may not be available without complete information.

ORM Section 16.4 at 49.

In this case, the evidence shows that the appellant's provider did not submit all of the necessary documentation in requesting continuation of care for the appellant. Although the Continuation of Care form was properly provided, neither the appellant's original approval, nor an authorization letter from the previous provider was submitted along with the request.² Upon review of the regulations and service codes, it is unclear whether the appellant's current provider submitted the correct code with the prior authorization request, but it is unnecessary to make that finding where the request does not otherwise abide by the rules set forth by MassHealth. See 130 CMR 450.303. Thus, I find that the appellant has not demonstrated, by a preponderance of the evidence, that MassHealth made any error with the issuance of the August 28, 2024, notice denying her request for prior authorization of comprehensive orthodontic treatment.

For the foregoing reasons, the appeal is hereby denied.

The appellant may, at any time prior to her turning [REDACTED] submit a new request that complies with MassHealth requirements.

² It should also be noted that the ADA Dental Claim Form submitted as evidence is essentially blank, but MassHealth did not indicate that the form was improperly executed at the hearing. See Exhibit 5 at 6.

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Mariah Burns
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 2, MA